

**Only two scoring site nomination forms will be processed per teacher.
Please print and use black ink. Incomplete forms will not be processed.**

MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Communication Arts (Elementary School Level)

Session 1, June 7 -- 15, 2005

Co-Dist. Code

Session 2, June 16 -- 24, 2005

Raytown Scoring Site

DATE: _____

Bldg. Code

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER –YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

Date

PLEASE MAIL OR FAX THIS FORM TO DESE, ASSESSMENT SECTION

PO Box 480

Jefferson City, MO 65102-0480

FAX 573-526-0812

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MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Communication Arts (Middle School Level)

Session 1, June 7 -- 15, 2005

Co-Dist. Code

Session 2, June 16 -- 24, 2005

Macon Scoring Site

DATE: _____

Bldg. Code

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER –YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

Date

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MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Communication Arts (Elementary School Level)

Session 1, June 7 -- 15, 2005

Co-Dist. Code _____

Session 2, June 16 -- 24, 2005

Sikeston Scoring Site

Bldg. Code _____

DATE: _____

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER –YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

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MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Communication Arts (High School Level)

Session 1, June 7 -- 15, 2005

Session 2, June 16 -- 24, 2005

Rockwood Scoring Site

Co-Dist. Code

Bldg. Code

DATE: _____

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER – YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

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MAP: IN-STATE SUMMER SCORING PARTICIPANT INFORMATION TEMPLATE

Mathematics (Middle School Level)

Session 1, June 7 -- 15, 2005

Session 2, June 16 -- 24, 2005

Columbia Scoring Site

Co-Dist. Code

Bldg. Code

DATE: _____

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER – YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

Date

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MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Communication Arts (Middle School Level)

Session 1, June 7 -- 15, 2005

Session 2, June 16 -- 24, 2005

Springfield Scoring Site

Co-Dist. Code

Bldg. Code

DATE: _____

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER –YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

Date

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MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Mathematics (Elementary School Level)

Session 1, June 7 -- 15, 2005

Session 2, June 16 -- 24, 2005

Lindbergh Scoring Site

Co-Dist. Code _____

Bldg. Code _____

DATE: _____

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER –YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

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MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Mathematics (High School Level)

Session 1, June 7 -- 15, 2005

Session 2, June 16 -- 24, 2005

Liberty Scoring Site

Co-Dist. Code

Bldg. Code

DATE: _____

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER –YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

Date

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MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Mathematics (Elementary School Level)

Session 1, June 7 -- 15, 2005

Co-Dist. Code

Session 2, June 16 -- 24, 2005

Webb City Scoring Site

Bldg. Code

DATE: _____

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER –YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

Date

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MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM**

Science (Elementary School Level)

Session 1, June 7 -- 15, 2005

Co-Dist. Code _____

Session 2, June 16 -- 24, 2005

Rolla Scoring Site

Bldg. Code _____

DATE: _____

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER –YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

Date

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MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM**

Science (Middle School Level)

Session 1, June 7 -- 15, 2005

Co-Dist. Code _____

Session 2, June 16 -- 24, 2005

St. Joseph Scoring Site

Bldg. Code _____

DATE: _____

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER –YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

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MAP: IN-STATE SUMMER SCORING PARTICIPANT NOMINATION FORM

Science (High School Level)

Session 1, June 7 -- 15, 2005

Co-Dist. Code

Session 2, June 16 -- 24, 2005

Hazelwood Scoring Site

Bldg. Code

DATE: _____

NAME: _____ SS#: _____ - _____ - _____

HOME ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

ETHNICITY (optional): _____ E-MAIL (home): _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____ - _____

SCHOOL DISTRICT: _____

SCHOOL BUILDING: _____

WORK PHONE: (_____) _____ - _____ E-MAIL (work): _____

HOME TOWN NEWSPAPER: _____

SUPERINTENDENT NAME: _____

BUILDING PRINCIPAL NAME: _____

SUBJECT AREA (S) TAUGHT (2004-2005): _____

GRADE LEVEL (S) TAUGHT (2004-2005): _____

TOTAL YEARS OF TEACHING EXPERIENCE: _____

MAP REGIONAL FACILITATOR NAME: _____

MAP SENIOR LEADER – CLASS: _____

MAP TEAM MEMBER –YEAR (S) _____

PROFESSIONAL TEACHER ORGANIZATION: _____

	Check the session(s) for which you are available to score:	Indicate preference (if any)
Session One (June 7-15, 2005)	<input type="checkbox"/>	<input type="checkbox"/>
Session Two (June 16-24, 2005)	<input type="checkbox"/>	<input type="checkbox"/>

If you are making an application to a 2nd site, please indicate the location of that site: _____

If you were not initially selected as a scorer, would you consider being contacted on short notice to be a replacement? Yes _____ No _____

I verify the above applicant is a certified teacher and do recommend this person for a selection as a scorer.

Signature of Principal

Date

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